

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048721

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 430 STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED DEC 27 1963

1. PLACE OF DEATH a. COUNTY Marion.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Ralls.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal, Missouri.		c. CITY OR TOWN RFD New London, Missouri.	
Length of stay in lb 30 Day		Inside Limits Yes No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Levering Hospital.		d. STREET ADDRESS (If outside, give location) Center Township.	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First JOHN Middle D. Last RICE.			4. DATE OF DEATH Month Dec Day 17 Year 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-23-1875	9. AGE (last birthday) 88 Yrs	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer.		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and state or country) Ralls County, Mo.	
12. CITIZEN OF WHAT COUNTRY U.S.A.					

13a. FATHER'S NAME John F. Rice.		13b. MOTHER'S MAIDEN NAME Margaret Small.		14. NAME OF HUSBAND OR WIFE Fannie M. Rice.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address Mrs Lewis Palmer, New London, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis -		
DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	

21. I attended the deceased from **1 Dec 1963** to **17 Dec 1963** and last saw her alive on **17 Dec 1963**
Death occurred at **11:00** A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Myrtle Hamilton M.D.	22b. ADDRESS Hannibal, Missouri.	22c. DATE SIGNED 12-18-63
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-19-1963	23c. NAME OF CEMETERY OR CREMATORY Olivet Cemetery.	23d. LOCATION (City, town, or county) (State) Center, Missouri.
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24. FUNERAL DIRECTOR ADDRESS Clyde L. Leach Perry, Mo.	25. DATE RECD. BY LOCAL REG. Dec. 23, 1963	26. REGISTRAR'S SIGNATURE Dr. E. M. Lucke by Lillian M. Herman
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Ryder E. Murray*

Licensed Embalmer No. 3820.

P. O. Address Perry, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit raised 12/23/63